	PAT	PATENT APPLICATION FEE DETERMINATION RECEIVE December 8, 2004											Application or Docket Number . 101564714				
		CLAIMS AS FILED - PART I (Column 2)								SMALL TYPE	TY	c	OTH IR SMAL	ER THAI L ENTIT	٧ ٧		
Ī	J.S. NATION	AL STAGE	FEES						RATE		FEE		RATE	FI	EE		
	ASIC FEE		SMALLE	SMALL ENT, + \$ 150		LARGE ENT. = \$ 300		•	BASIC FEE		50	ग०	R BASIC FEE	1:	-		
Ē	XAMINATION	FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$100		All other situations = \$ 100 /\$ 200			EXAM. FEE		100	70	EXAM FEE	<b>寸</b> :-	<u> </u>	
s	earch fee		U.S. is ISA = \$50/\$100 ALL other countries = \$ 200/\$400		All other situations = \$ 250 / \$ 500				SEARCH F	EE .	२००	4	SEARCH FE	€	: •		
F	EE FOR EXTR	A SPEC. PO	. m	/ 50 =				X \$ 125	=		]	X \$ 250					
TO	OTAL CHARGI	EABLE CLAI	1	•				X \$ 25	-		OF	X \$ 50 =					
INDEPENDENT CLAIMS				minus 3 = .		•				X \$ 100	=		OF	X\$200			
M	MULTIPLE DEPENDENT CLAIM PRESENT								]	+\$ 180	-		OR	+\$360=			
F	* If the difference in column 1 is less than zero, enter "0" in column 2										3	50	OR	TOTAL			
ز	0-13-		SMALL	. ENT	ΠΥ	OR	OTHER SMALL	THAN ENTITY									
ft A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID FO		R PRESENT SLY EXTRA			RATE	ח	NODI- ONAL FEE		RATE	TIONA FEE			
AMENDMENT	Total	•	1 1	Ainus	-52		= ;			X\$25=			OR	X \$ 50 =		bracket	
AMEN	independent	•	N	linus	-3		-			X \$ 100 =			OR	X \$ 200 =		]	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+ \$ 180 =			OR	+ \$ 360 =			
					٦	FEE			ÓR	TOTAL ADOIT. FEE		]					
		(Column	. 1)		(Column	<b>2</b> 1	(Colu	ma 3)									
8		CLAIM REMAINS AFTER	S NG		HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRES	тиз	ſ	RATE	TIO	NAL EE		RATE	ADDI- TIONAL FEE		
OMEN	Total	. 1	Me	nus	- 20		e			X \$ 25 =			OR	X\$50=		]	
MENON	Independent	• 1	Mi	nus	3				T	X \$ 100 =			OR	X \$ 200 =			
`	FIRST PRES	ENTATION	TIPLE DEPE	EM	<b>"</b>		E	\$ 180 =			OR	+ \$ 360 =					
					TO	FEE			OR T	OTAL ADDIT. FEE		1					
- "	If the entry in column 1 is less than the entry in column 2, write "O' in column 3.  If the "Righest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  If the "Righest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".																
. •	ho Tighest Hum	nes kreaningså	·	Local or and			M WATER		475								

FORM PTO-676 (Plant 002000)

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